Youth Sports – Coaching Application

Name: _____ Rank: _____ Age: _____
(Last) (First) (Middle)

Mailing Address: _____ APO AP _____

Unit of Assignment: _____ SSN: _____

Duty Phone: _____ Home Phone: _____ Cell Phone: _____

DEROS: _____ E-mail Address: _____

Check One: Head Coach: _____ Assistant Coach: _____

CYSS Youth Sports will honor coach discounts at conclusion of season.

Check applicable sport and age group you wish to coach. Please select from only one season.

Spring

Baseball: ☐Ages 3-4 ☐Ages 5-6 ☐Ages 7-8 ☐Ages 9-10 ☐Ages 11-12 ☐Ages 12-15 ☐Ages 15-18

Softball (Girls): ☐Ages 9-12 ☐Ages 13-18

Volleyball: ☐Ages 11-12 ☐Ages 13-18

Summer

Basketball: ☐Ages 11-12 ☐Ages 13-18

Swim Team: ☐Ages 5-18

Fall

Soccer: ☐Ages 3-4 ☐Ages 5-6 ☐Ages 7-8 ☐Ages 9-10 ☐Ages 11-12 ☐Ages 12-15 ☐Ages 15-18

Flag Football: ☐Ages 8-10 ☐Ages 11-13

Cheerleading: ☐Ages 8-10 ☐Ages 11-13

Winter

Basketball: ☐Ages 3-4 ☐Ages 5-6 ☐Ages 7-8 ☐Ages 9-10 ☐Ages 11-12 ☐Ages 12-15 ☐Ages 15-18

Swim Team: ☐Ages 5-18

Are you planning to coach your child(ren)'s team? If so, please provide child(ren)'s first and last names:

1st Child: _____ Age: _____

2nd Child: _____ Age: _____ Others: _____ Ages: _____

Years of Coaching Experience: _____ Describe: _____

Have you coached with CYSS Yongsan Youth Sports before? Yes _____ No _____

Date: _____ **Signature of Applicant:** _____

Cut & Save

1. **General Volunteer Information:** Register and log your hours on VMIS: MyArmyOneSource.com
2. **Coaches:** It is mandatory that you attend skill assessments. Youth will be evaluated by coaches within age groups and you will select your team by picking youth from overall player roster. Coach meetings will be held at YS Gym.

I completed a Local Background Check on (Date) _____ and authorize release of background results conducted by _____ for release to the USAG Yongsan Garrison Chaplain's Office in order to serve in a Volunteer position.

RELEASE OF INFORMATION

********** PRIVACY ACT STATEMENT **********

AUTHORITY: 10 U.S. Code 3012

PRINCIPLE PURPOSE. To obtain data for Military and Local Police Record, U.S. Criminal Records Check (CRC) Defense Central Index of Investigations (DCII) Registry Review, Central Registry check for spouse or child abuse and local Community Counseling check for drugs/alcohol abuse, 121st Behavioral Health, and if applicable Seoul American Schools to determine eligibility for acceptance of employment or volunteering as _____.

ROUTINE USE. Information will be used only by the program coordinator/manager and personnel from the Criminal Investigation Detachment, Social Work Service, the Army Family Advocacy Program and, if applicable, Seoul American Schools.

DISCLOSURE: VOLUNTARY. Failure to disclose required information will prevent employment or acceptance as a volunteer.

Have you ever been arrested for or charged for assault, a sex crime, or a drug/alcohol related violation? ____ Yes ____ No

Have you ever been evaluated for child or spouse abuse (including physical, emotional or sexual abuse and / or neglect)? ____ Yes ____ No

Have you ever been arrested for or charged with a crime involving a child? ____ Yes ____ No

Have you ever been asked to resign because of or been decertified for a sexual offense? ____ Yes ____ No If so, describe the case disposition below

If you answered yes to any of the above, please explain:

(If more space is needed, please use reverse side of this page)

_____

_____

_____

I understand I must have a background check as a condition of volunteering and that this prevention helps ensure safety of children. Derogatory background checks could result in or non-acceptance as volunteer. I also understand I have a right to obtain a copy of the background check report and challenge the accuracy of any information contained therein.

Name: _____ SSN or Korean ID No.: _____

Maiden Name or Alias: _____

Date of Birth: _____ Place of Birth: _____ Phone No.: _____

Email Address: _____ Are you a USA Citizen: _____

Unit of Assignment and Address: _____

When did you arrive to Korea: _____ What is your DEROS: _____

Signature: _____ Date: _____

As of 19 September 2014

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.
AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.
PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.
ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.
DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.
This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME *(Last, First, Middle Initial)*	2. DATE OF BIRTH *(YYYYMMDD)*	3. SOCIAL SECURITY NUMBER

4. PERIOD OF TREATMENT: FROM - TO *(YYYYMMDD)*	5. TYPE OF TREATMENT *(X one)*
ANY	[ ] OUTPATIENT [ ] INPATIENT [X] BOTH

SECTION II - DISCLOSURE

6. I AUTHORIZE The Military Health System TO RELEASE MY PATIENT INFORMATION TO:
(Name of Facility/TRICARE Health Plan)

a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN	b. ADDRESS *(Street, City, State and ZIP Code)*
Civilian Personnel Advisory Center, Garrison Command and/or CYSS Program Review Board	SPONSOR SSN: _____ INSTALLATION: _____
c. TELEPHONE *(Include Area Code)*	d. FAX *(Include Area Code)*

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION *(X as applicable)*

[ ] PERSONAL USE [ ] CONTINUED MEDICAL CARE [ ] SCHOOL [X] OTHER *(Specify)* Employment or volunteer screening
[ ] INSURANCE [ ] RETIREMENT/SEPARATION [ ] LEGAL

8. INFORMATION TO BE RELEASED
Medical and/or mental health information necessary to determine if I have a condition that could impair my judgment, reliability, or fitness for a position requiring routine interaction with children including, if applicable, the nature of the condition, prognosis and dates of treatment. Included, if applicable, is information pertaining to alcohol, drug or prescription drug abuse treatment dates, diagnoses and outcomes.

9. AUTHORIZATION START DATE *(YYYYMMDD)*	10. AUTHORIZATION EXPIRATION
Same as Block 13	[X] DATE *(YYYYMMDD)* Block 13 + 90 days [ ] ACTION COMPLETED

SECTION III - RELEASE AUTHORIZATION

I understand that:
a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.
d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.
I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT *(If applicable)*	13. DATE *(YYYYMMDD)*

SECTION IV - FOR STAFF USE ONLY *(To be completed only upon receipt of written revocation)*

14. X IF APPLICABLE:	15. REVOCATION COMPLETED BY	16. DATE *(YYYYMMDD)*
[ ] AUTHORIZATION REVOKED		

17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	
	SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:

DEPARTMENT OF THE ARMY

DFMWR, CYSS USAG Yongsan
PSC 303 Box 48
APO, AP 962050048

Dear _____

_____ is being considered by this office

for a Nonappropriated Fund position as CYSS VOLUNTEER
For Child Youth and School Services in US Army Garrison, Yongsan Korea

In the application for employment, the candidate indicates:

☑ your name as a reference ☐ association with your organization from

The Department of the Army is charged with the responsibility of administering certain critical programs both at home and abroad. It is essential that these programs be administered in a manner which reflects to the credit of this Government. Therefore, it is necessary that individuals selected for employment be fully qualified and have personal characteristics and loyalty which are above reproach.

In selecting applicants we must depend in a large measure upon information and advice given us by persons who have been associated with them. It will be appreciated, therefore, if you will furnish, to the best of your knowledge, information as indicated on the enclosed DA Form 3439. Your frank evaluation will be of great assistance to us in determining the applicant's suitability for selection for the above position.

The information you provide, including your identity, will be disclosed to the person identified above if he or she should so request.

Inasmuch as final selection for this position will be influenced by your reply, we shall appreciate hearing from you as soon as possible. We are enclosing a self-addressed envelope which requires no postage.

Sincerely yours,

Melody Francis, Director of Parent & Outreach Services
Child Youth and School Services
USAG Yongsan

Enclosure

NONAPPROPRIATED FUND INSTRUMENTALITY EMPLOYMENT INQUIRY

For use of this form see AR 215-3; the proponent agency is ASA (M&RA)

1. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY(IES)? (Check applicable block and enter below)			2. IF EMPLOYER OR SUPERVISOR, INDICATE:		
CAPACITY		APPROXIMATE TIME KNOWN	BEGINNING SALARY	POSITION TITLE	DATE (YYYYMMDD)
SUPERVISOR			LAST SALARY	POSITION TITLE	DATE (YYYYMMDD)
EMPLOYER					
FELLOW EMPLOYEE			3. IF NO LONGER IN YOUR EMPLOY, SHOW REASON FOR LEAVING		
ACQUAINTANCE					
OTHER (Specify)			4. WOULD YOU REEMPLOY APPLICANT IN THE SAME POSITION? ☐ YES ☐ NO (If no, indicate reasons under "Remarks.")		

PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)	INSUFFICIENT OPPORTUNITY TO OBSERVE	OUTSTANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATISFACTORY
5.a. DEPENDABILITY - Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.					
b. COOPERATION - A team worker, maintains good working relationships.					
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.					
d. SOUND JUDGEMENT/ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations.					
e. ADAPTABILITY - Ability to adjust to changes in working or living environments.					
f. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.					
g. COMPLETE ONLY IF CHECKED:					
JOB KNOWLEDGE - Has knowledge of techniques and procedures applicable to the job for which being considered.					
MANAGERIAL SKILLS - Ability to plan and organize work.					
SUPERVISION - Ability to supervise other employees.					

Check applicable block. (If any answer is "yes" to the following questions, give details under "Remarks.")	YES	NO
6. Do you have any reason to question this person's loyalty to the United States?		
7. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?		

8. REMARKS

9. DATE (YYYYMMDD)	10. NAME OF ORGANIZATION	11. YOUR POSITION OR TITLE AND SIGNATURE

DEPARTMENT OF THE ARMY

DFMWR, CYSS USAG Yongsan
PSC 303 Box 48
APO, AP 962050048

Dear _____

_____ is being considered by this office

for a Nonappropriated Fund position as CYSS VOLUNTEER
For Child Youth and School Services in US Army Garrison, Yongsan Korea

In the application for employment, the candidate indicates:

☑ your name as a reference ☐ association with your organization from

The Department of the Army is charged with the responsibility of administering certain critical programs both at home and abroad. It is essential that these programs be administered in a manner which reflects to the credit of this Government. Therefore, it is necessary that individuals selected for employment be fully qualified and have personal characteristics and loyalty which are above reproach.

In selecting applicants we must depend in a large measure upon information and advice given us by persons who have been associated with them. It will be appreciated, therefore, if you will furnish, to the best of your knowledge, information as indicated on the enclosed DA Form 3439. Your frank evaluation will be of great assistance to us in determining the applicant's suitability for selection for the above position.

The information you provide, including your identity, will be disclosed to the person identified above if he or she should so request.

Inasmuch as final selection for this position will be influenced by your reply, we shall appreciate hearing from you as soon as possible. We are enclosing a self-addressed envelope which requires no postage.

Sincerely yours,

Melody Francis, Director of Parent & Outreach Services
Child Youth and School Services
USAG Yongsan

Enclosure

NONAPPROPRIATED FUND INSTRUMENTALITY EMPLOYMENT INQUIRY

For use of this form see AR 215-3; the proponent agency is ASA (M&RA)

1. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY(IES)? *(Check applicable block and enter below)*		2. IF EMPLOYER OR SUPERVISOR, INDICATE:		
		BEGINNING SALARY	POSITION TITLE	DATE *(YYYYMMDD)*
CAPACITY	APPROXIMATE TIME KNOWN	LAST SALARY	POSITION TITLE	DATE *(YYYYMMDD)*
SUPERVISOR				
EMPLOYER		3. IF NO LONGER IN YOUR EMPLOY, SHOW REASON FOR LEAVING		
FELLOW EMPLOYEE				
ACQUAINTANCE		4. WOULD YOU REEMPLOY APPLICANT IN THE SAME POSITION? ☐ YES ☐ NO *(If no, indicate reasons under "Remarks.")*		
OTHER *(Specify)*				

PERSONAL APPRAISAL *(Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)*	INSUFFICIENT OPPORTUNITY TO OBSERVE	OUTSTANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATISFACTORY
5.a. DEPENDABILITY - Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.					
b. COOPERATION - A team worker, maintains good working relationships.					
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.					
d. SOUND JUDGEMENT/ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations.					
e. ADAPTABILITY - Ability to adjust to changes in working or living environments.					
f. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.					
g. **COMPLETE ONLY IF CHECKED:**					
☐ JOB KNOWLEDGE - Has knowledge of techniques and procedures applicable to the job for which being considered.					
☐ MANAGERIAL SKILLS - Ability to plan and organize work.					
☐ SUPERVISION - Ability to supervise other employees.					

Check applicable block. *(If any answer is "yes" to the following questions, give details under "Remarks.")*	YES	NO
6. Do you have any reason to question this person's loyalty to the United States?		
7. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?		

8. REMARKS

9. DATE *(YYYYMMDD)*	10. NAME OF ORGANIZATION	11. YOUR POSITION OR TITLE AND SIGNATURE

Volunteer Forms Include:

1. Volunteer Agreement DD FORM 2793:
    a. Please complete box #1, #2, #11.a, #11.b
2. Volunteer Service Record DA FORM 4162
    a. Please fill out all boxes (Make sure to sign in box #19).
3. Gratuitous Service Agreement
    a. Please read, sign, and date.

VOLUNTEER AGREEMENT FOR

☐ APPROPRIATED FUND ACTIVITIES ☒ NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER *(Last, First, Middle Initial)*		2. YEAR OF BIRTH
3. INSTALLATION	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS

8. DESCRIPTION OF VOLUNTEER SERVICES

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

a. SIGNATURE OF VOLUNTEER	b. DATE SIGNED *(YYYYMMDD)*

10.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

11. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

a. SIGNATURE OF VOLUNTEER	b. DATE SIGNED *(YYYYMMDD)*

12.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE	15. TERMINATION DATE *(YYYYMMDD)*
a. YEARS *(2,087 hours=1 year)*	b. WEEKS	c. DAYS	d. HOURS		

16.a. TYPED NAME OF SUPERVISOR *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

VOLUNTEER SERVICE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM.

PRIVACY ACT STATEMENT

AUTHORITY:	5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.
PRINCIPAL PURPOSE:	To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.
ROUTINE USES:	None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.
DISCLOSURE:	Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

INSTRUCTIONS: Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.

1. NAME OF VOLUNTEER *(Last, First, MI)*

2. HOME ADDRESS *(Street, City, State and ZIP Code)*

3. EMAIL ADDRESS

4. TELEPHONE NUMBERS
   a. HOME
   b. WORK
   c. FAX

5. SEX ☐ MALE ☐ FEMALE

6. DATE OF BIRTH *(YYYYMMDD)*

7a. SPONSOR NAME

7b. SPONSOR UNIT ADDRESS

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.

☐ SERVICE MEMBER	☐ ARMY	☐ AIR FORCE	☐ NAVY	☐ MARINE
☐ CIVILIAN EMPLOYEE *(APF and NAF)*	☐ OFFICER	☐ ENLISTED		
☐ ADULT FAMILY MEMBER	☐ ACTIVE DUTY	☐ RETIRED		
☐ YOUTH FAMILY MEMBER *(Under age 18 and unmarried)*	☐ RESERVE	☐ GUARD		
☐ CIVILIAN *(Not connected with the military)*	☐ DECEASED			

9. CHILDREN AT HOME ☐ NONE ☐ PRESCHOOL ☐ IN SCHOOL

10. INITIAL COMMITMENT ☐ ONE DAY EVENT ☐ ONE MONTH EVENT ☐ THREE MONTHS ☐ SIX MONTHS ☐ NINE MONTHS ☐ OTHER

11. EDUCATION ☐ HIGH SCHOOL ☐ COLLEGE ☐ ADVANCED DEGREE

12. WORK EXPERIENCE

13. VOLUNTEER EXPERIENCE

14. SPECIAL SKILLS, INTEREST, HOBBIES

15. POSITIONS HELD

START DATE (YYYYMMDD)	TYPE OF POSITION	END DATE (YYYYMMDD)

16. AWARDS AND SPECIAL RECOGNITION

DATE (YYYYMMDD)	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT

17. TRAINING

DATE (YYYYMMDD)	TYPE OF TRAINING	HOURS COMPLETED

18. VOLUNTEER ANNUAL HOUR RECORD

YEAR												
HOURS												

19a. SIGNATURE

19b. DATE (YYYYMMDD)

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON YONGSAN
UNIT #15333
APO AP 96205-5333

REPLY TO
ATTENTION OF:

IMYN-MWC

MEMORANDUM FOR RECORD

SUBJECT: Gratuitous Service Agreement

1. I desire to volunteer my service to Child, Youth and School Services program at USAG Yongsan.

2. I expressly agree that my services will be performed without pay and that I will not, solely because of these services, be considered an employee of the U.S. Government or any instrumentality thereof. I expressly agree that I will neither expect nor demand any present or future salary, wage, or related benefits as payment for gratuitous service. I agree to participate in whatever training may be required in order to perform the gratuitous work for which I am providing.

3. I understand that I must sign in the program or facility when service starts and out of the program or facility when service ends.

Signature/date:

Printed name:

Signature/date:

Program manager printed name:

Fingerprint Security Office

Please complete the below task, all coaches will need to complete fingerprints addition to this packet.

---

1. Electronic Fingerprinting Information Sheet (Attached) – Please fill out the **LEFT SIDE ONLY** on this form in **black** or **blue** ink.

2. You will need to contact Mr. Elin at DSN 738-7307 (Primary) or 738-7201 (Alternate) to make an appointment. You will still need to take the Information Sheet with you and have your Passport number.

Electronic Fingerprinting Information Sheet

Call the USAG-Yongsan Security Office to make an appointment at 738-7307 / 738-7201

Name (Last, First, Middle Name)

Aliases

Social Security Number

Date of Birth (MMDDYYYY)

Country of Citizenship

Place of Birth (City and State)

Job Title

Gender

Race

Eye Color

Hair Color

Height

Weight

Date

Time

Reason

Referred by Agency / Unit

Tracking #

Coordinator

Client's Cell Phone #

Mailing Address

Associated Mailing Organization

Pass Port or Birth Certificate #

E-mail Address

Associcated SON# & SOI#

"PLEASE WRITE LEGIBLE"

USAG-Yongsan Security Office, Bldg #: 4305, Room #: 131
Hours of Operations : Monday ~ Friday 0900-1130 & 1330-1600 hours
US Pass Port, 2 forms of Picture ID & Release of Information sheet required
Appointment bases only for All FingerPrint Related Services

As of 24 February 2016